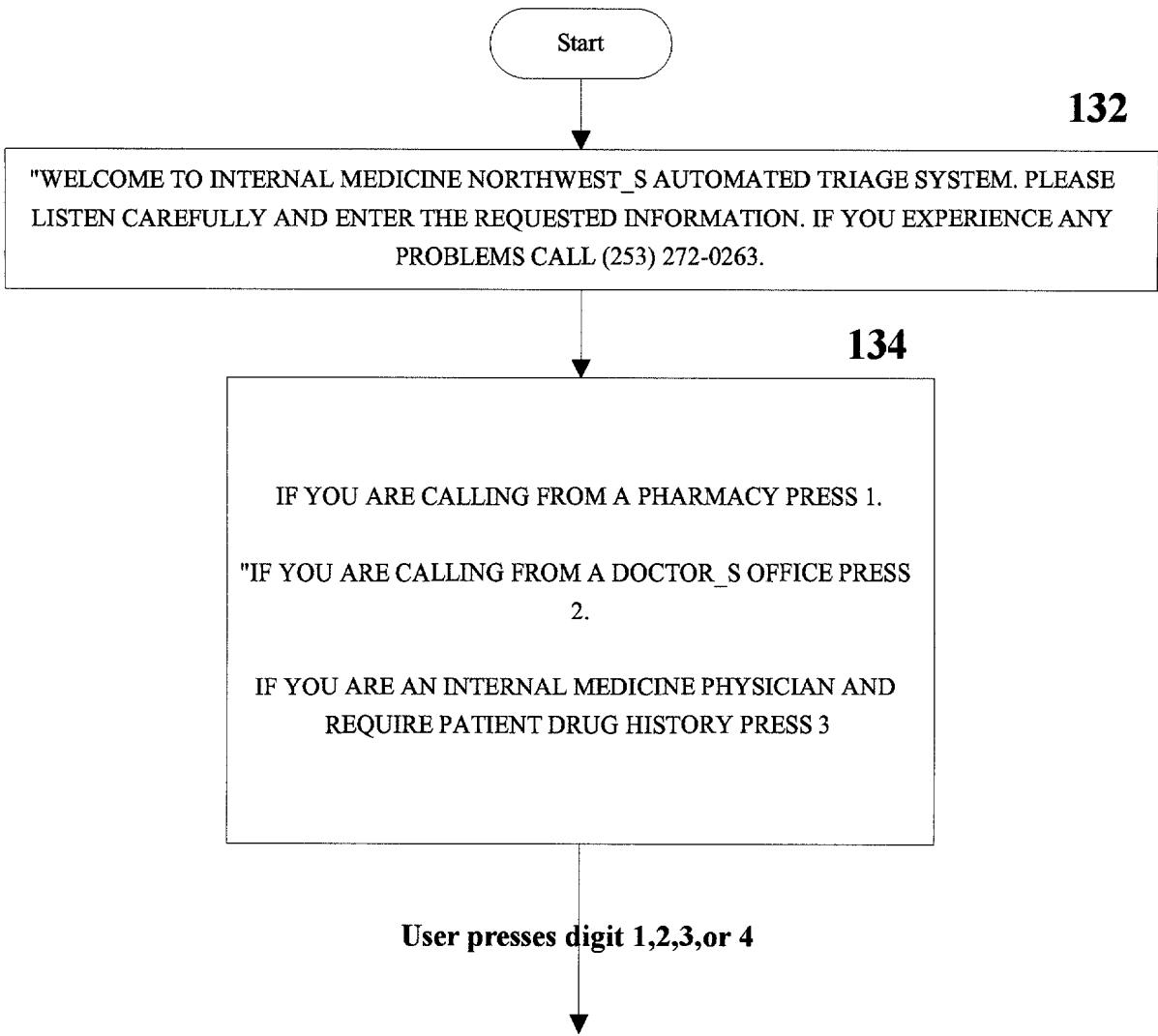
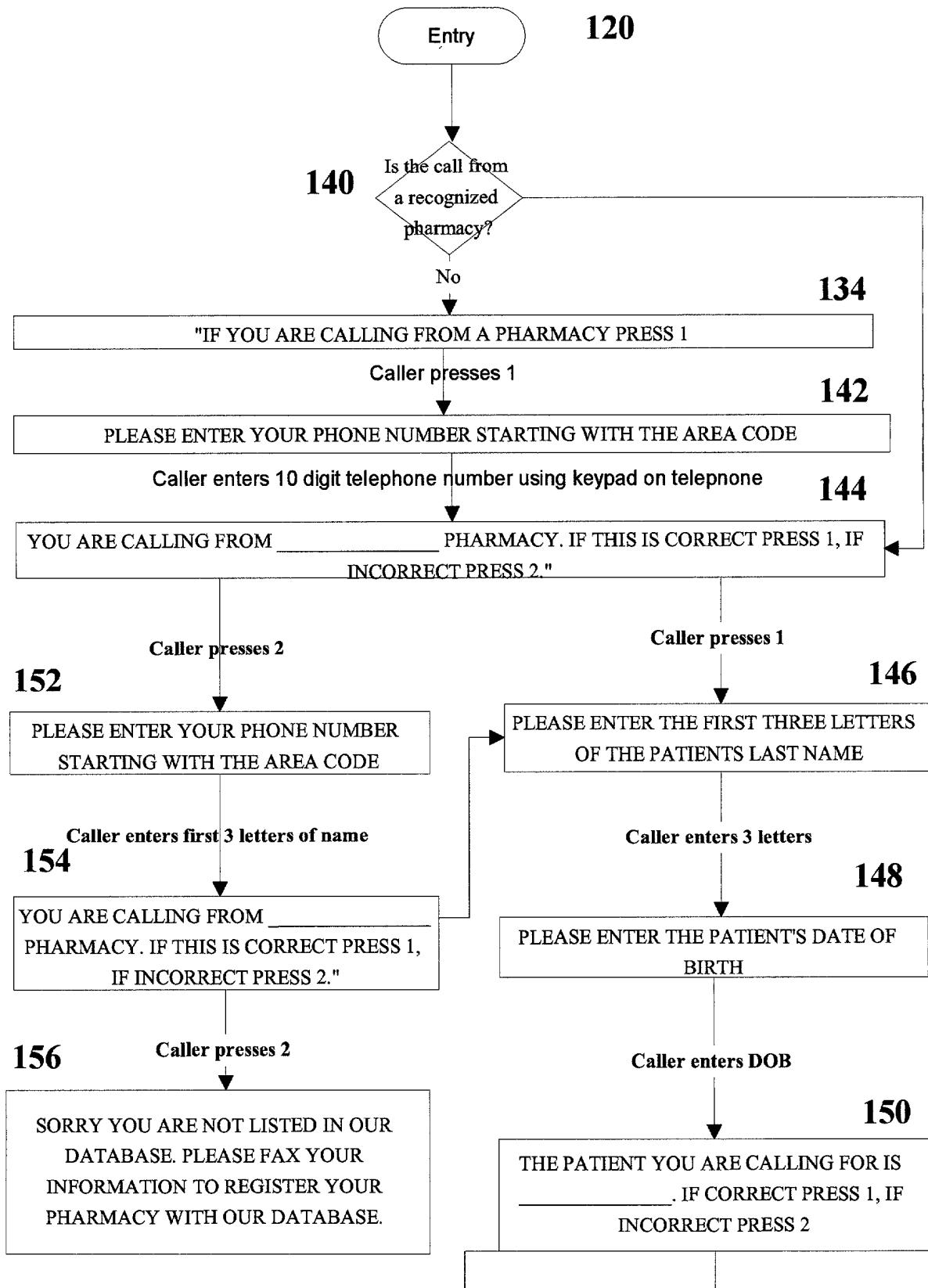


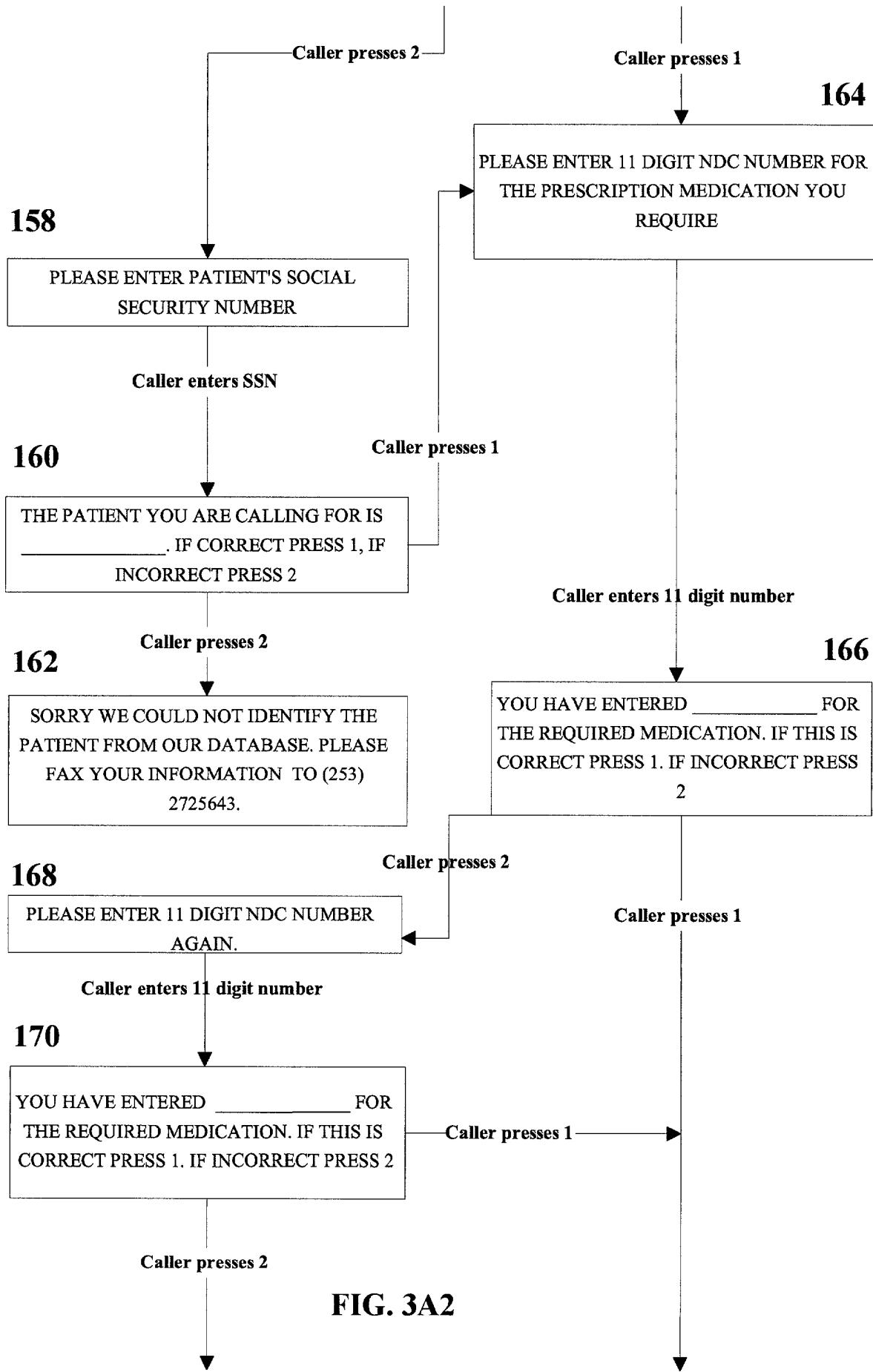
**FIG. 1**

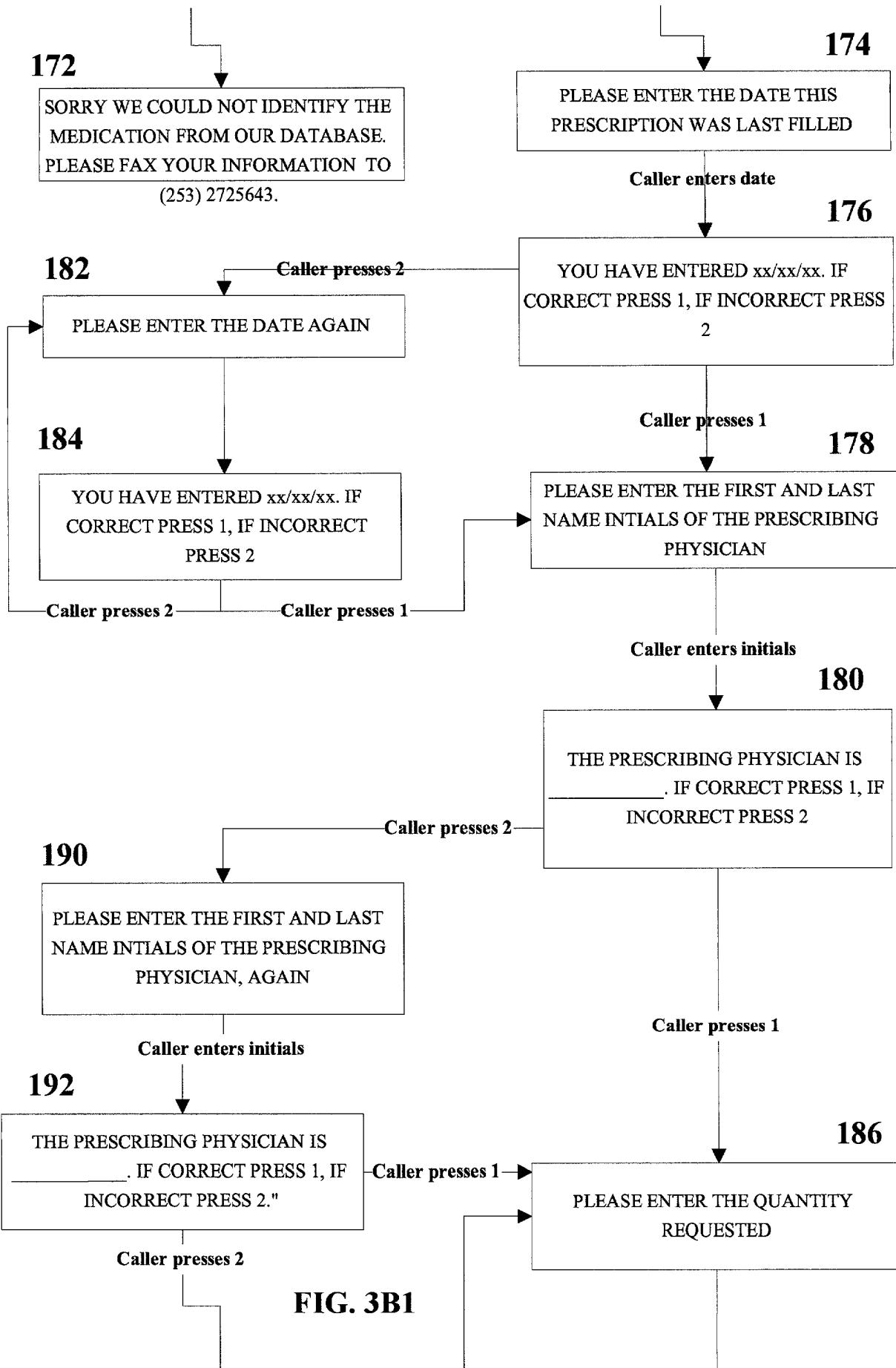


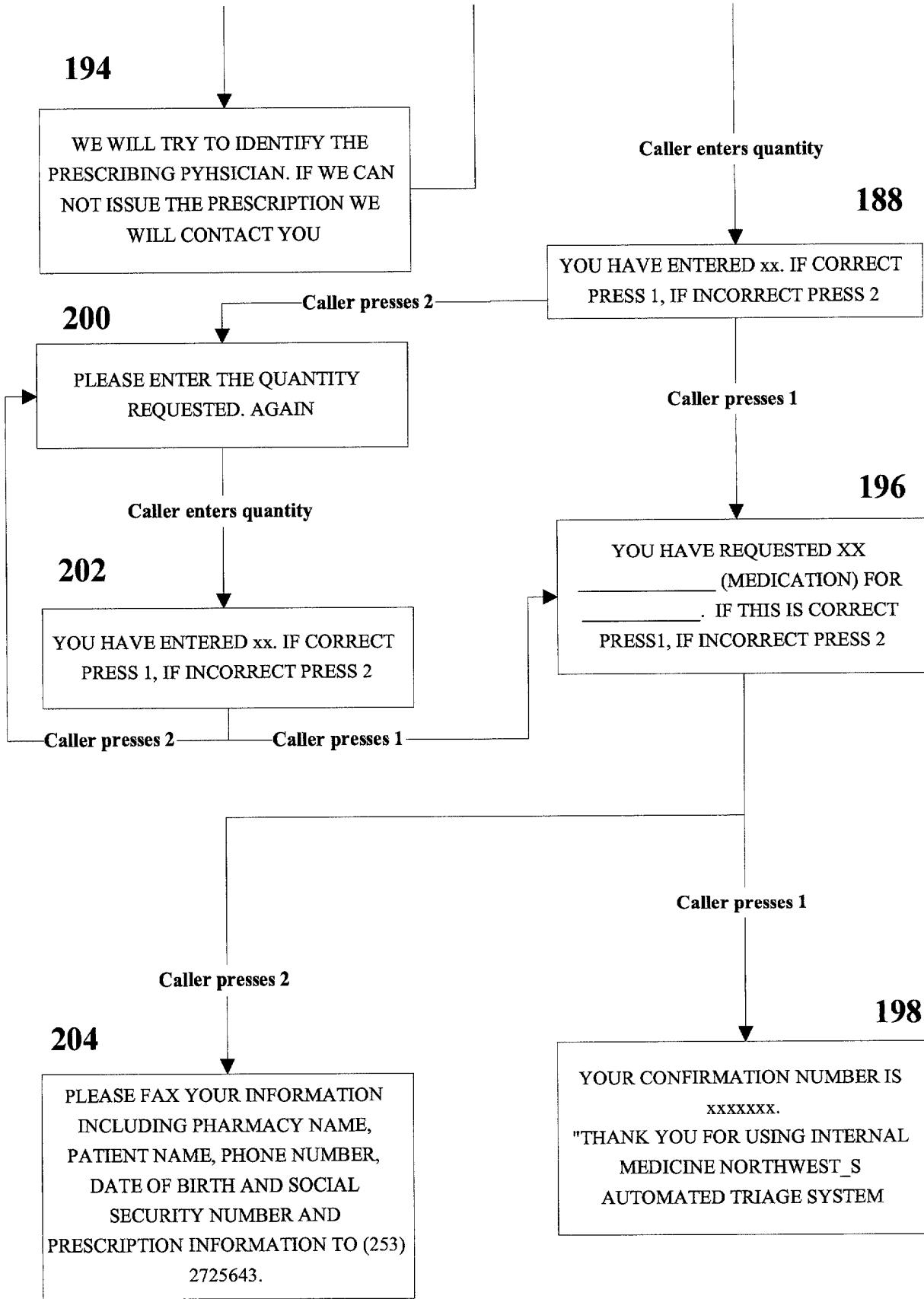
**FIG. 2**



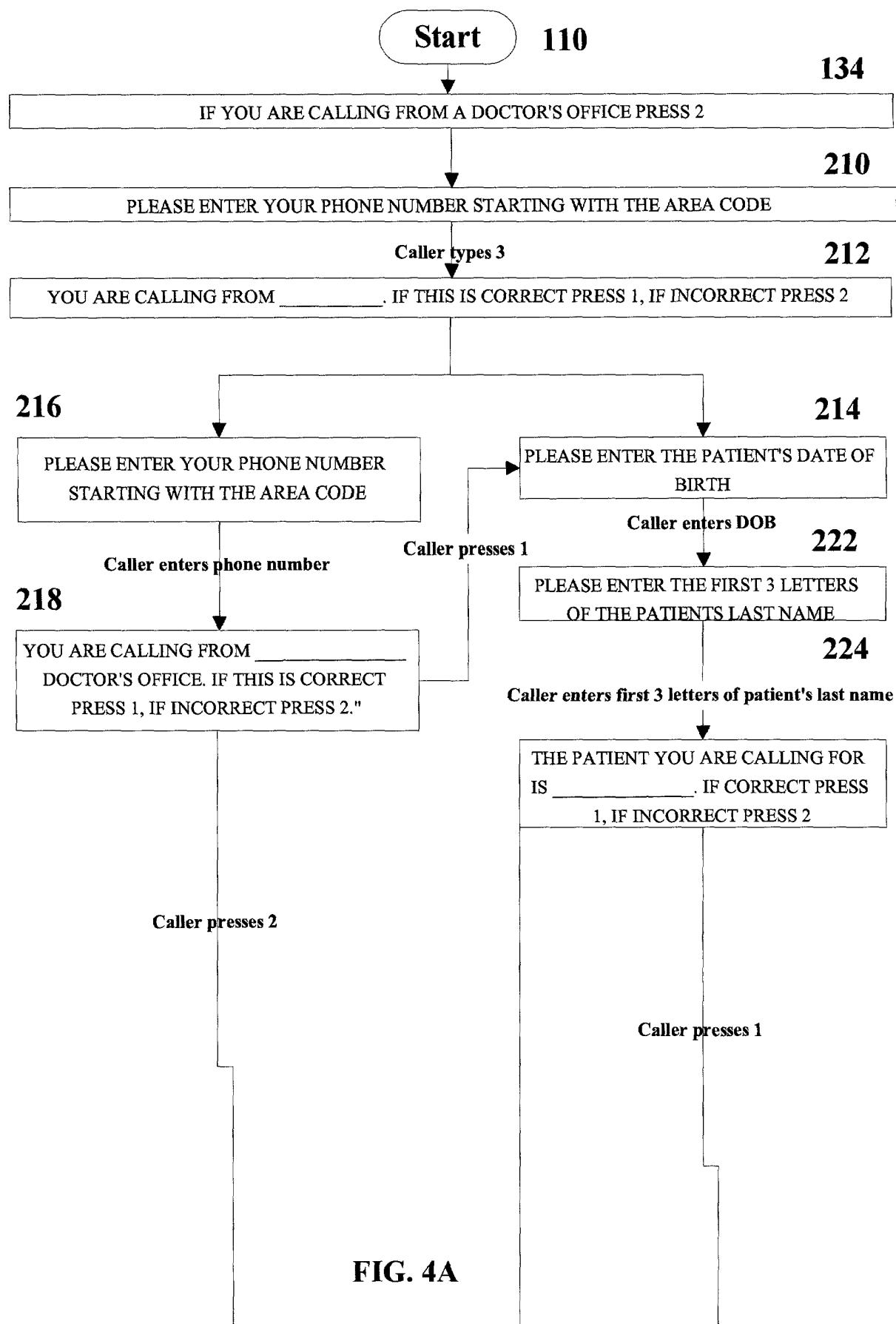
**FIG. 3A1**



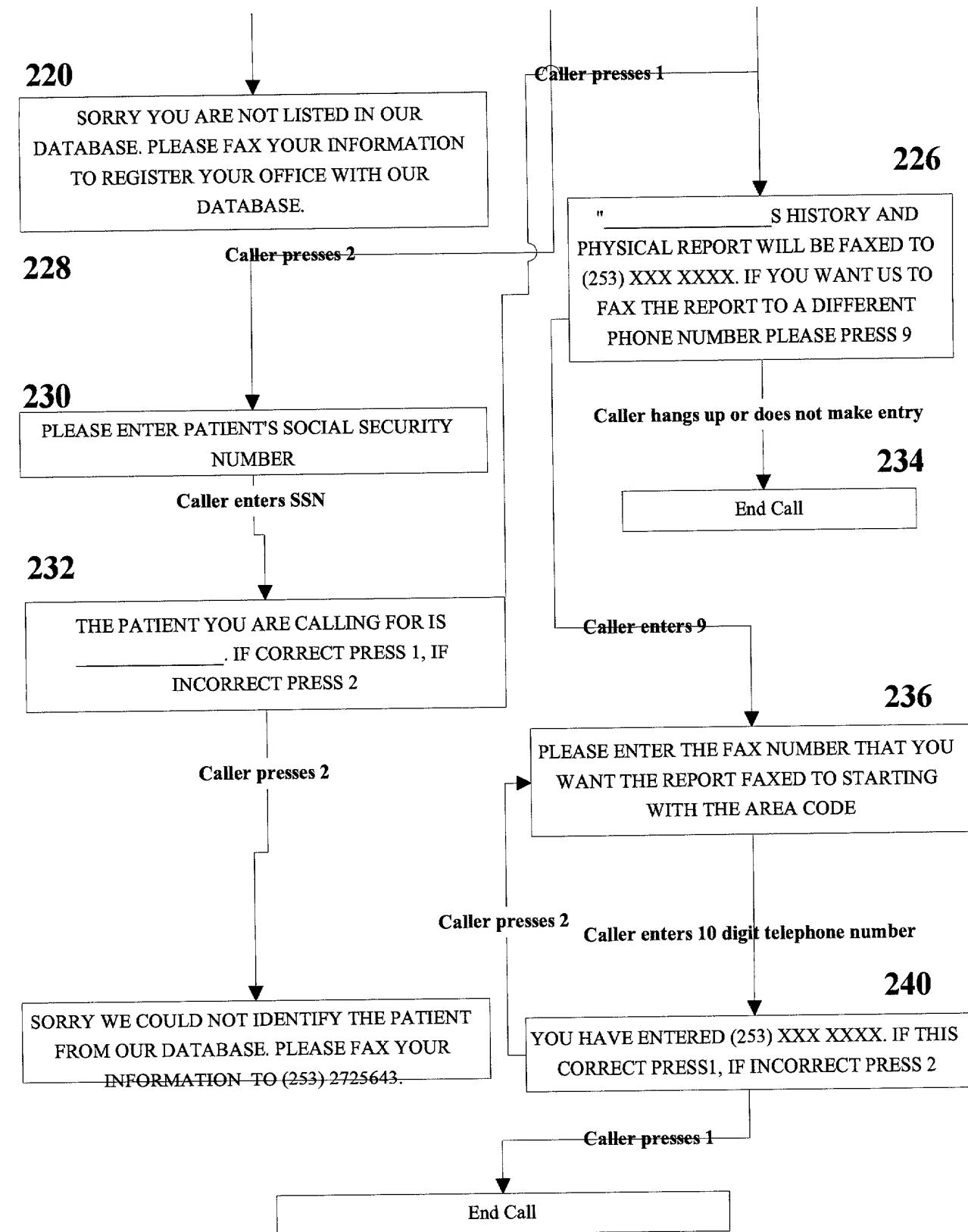




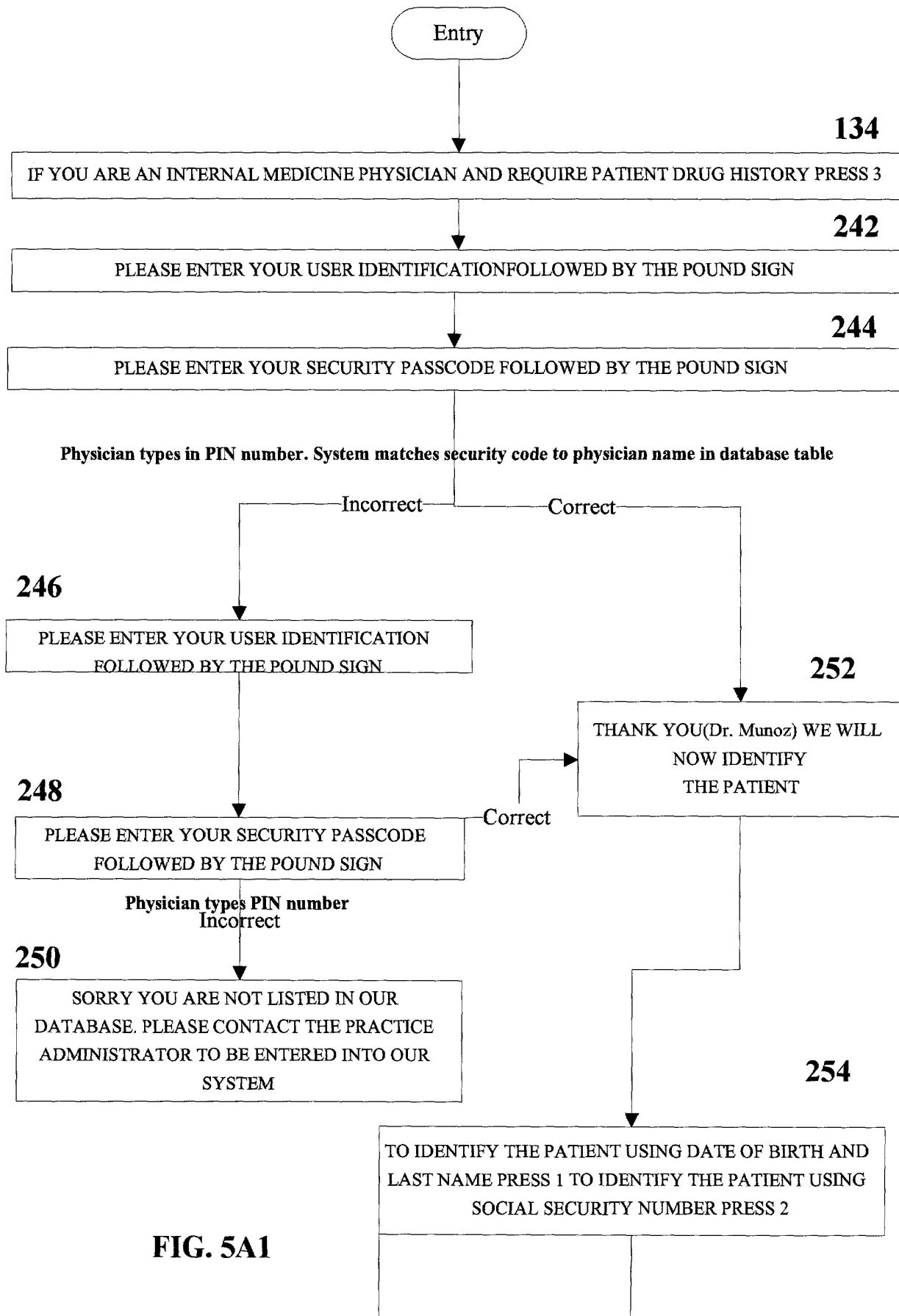
**FIG. 3B2**



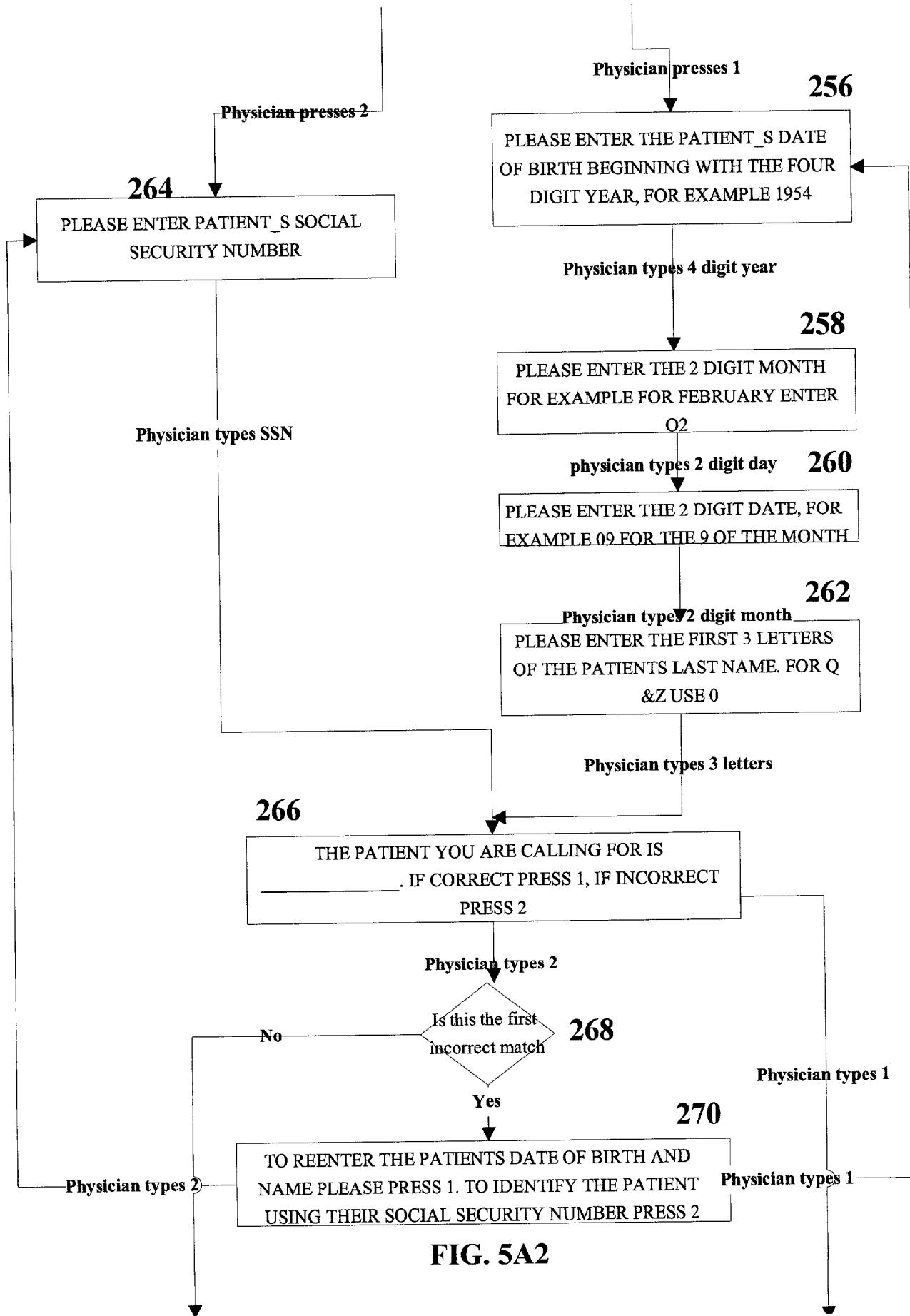
**FIG. 4A**



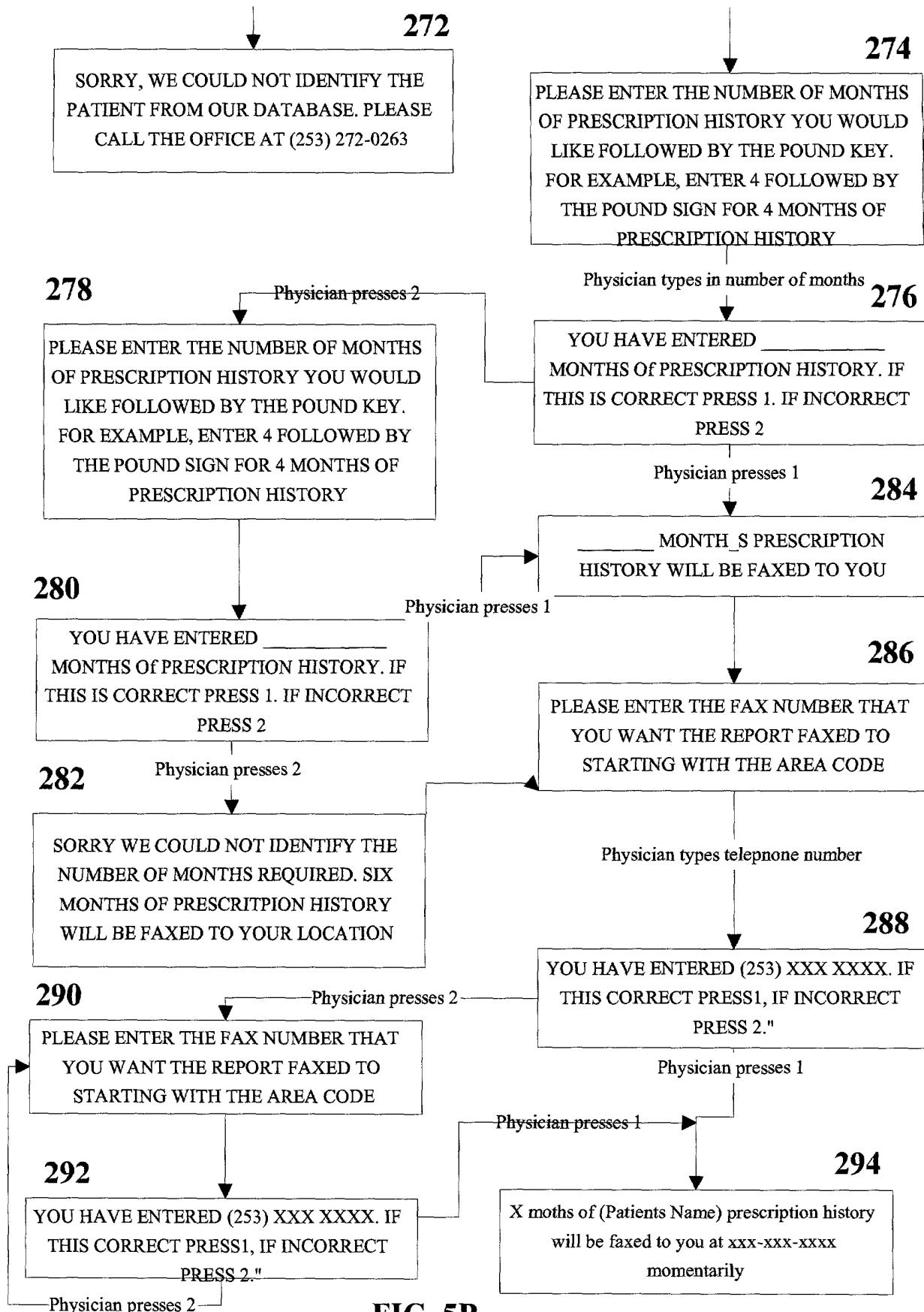
**FIG. 4B**



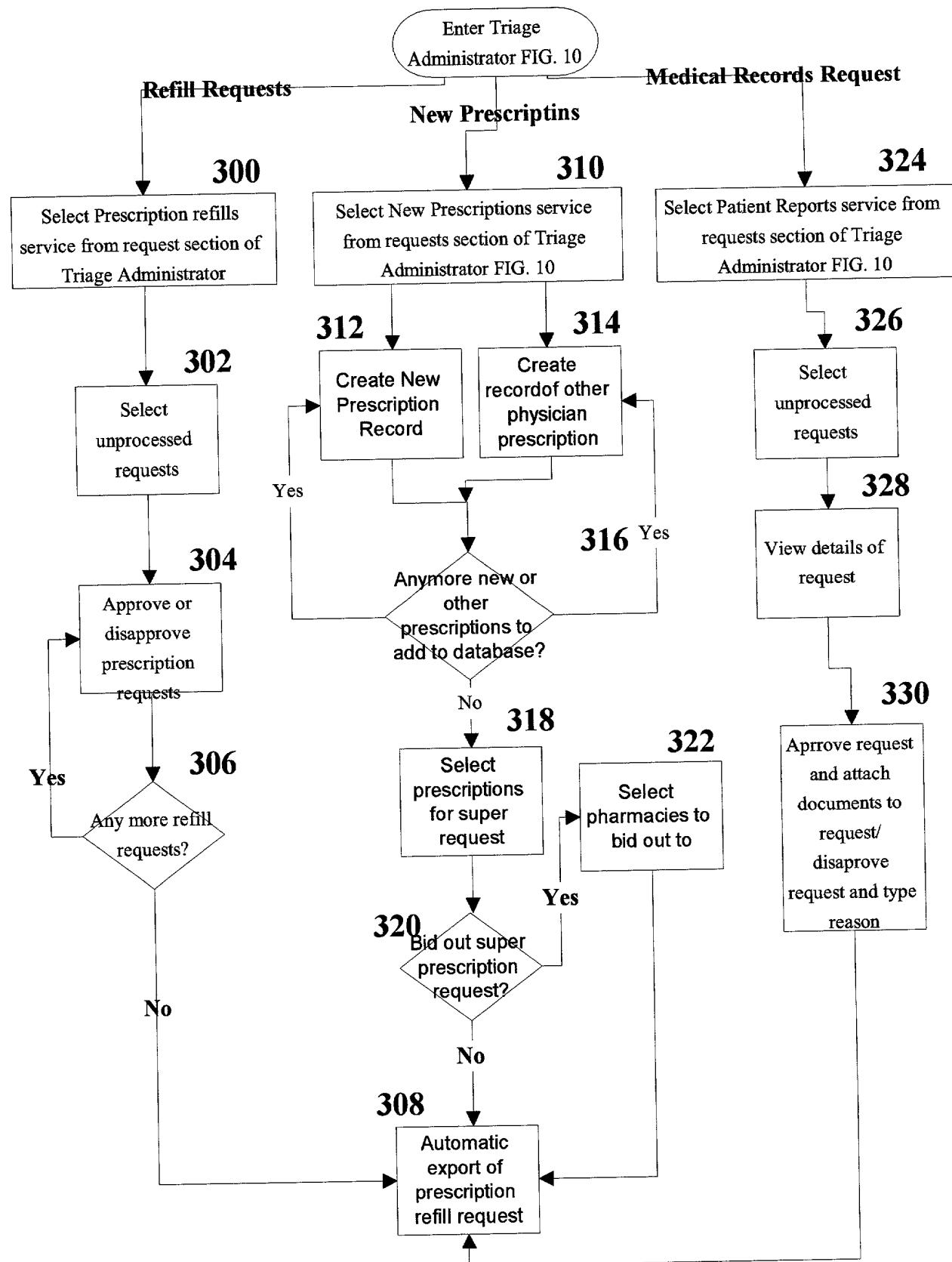
**FIG. 5A1**



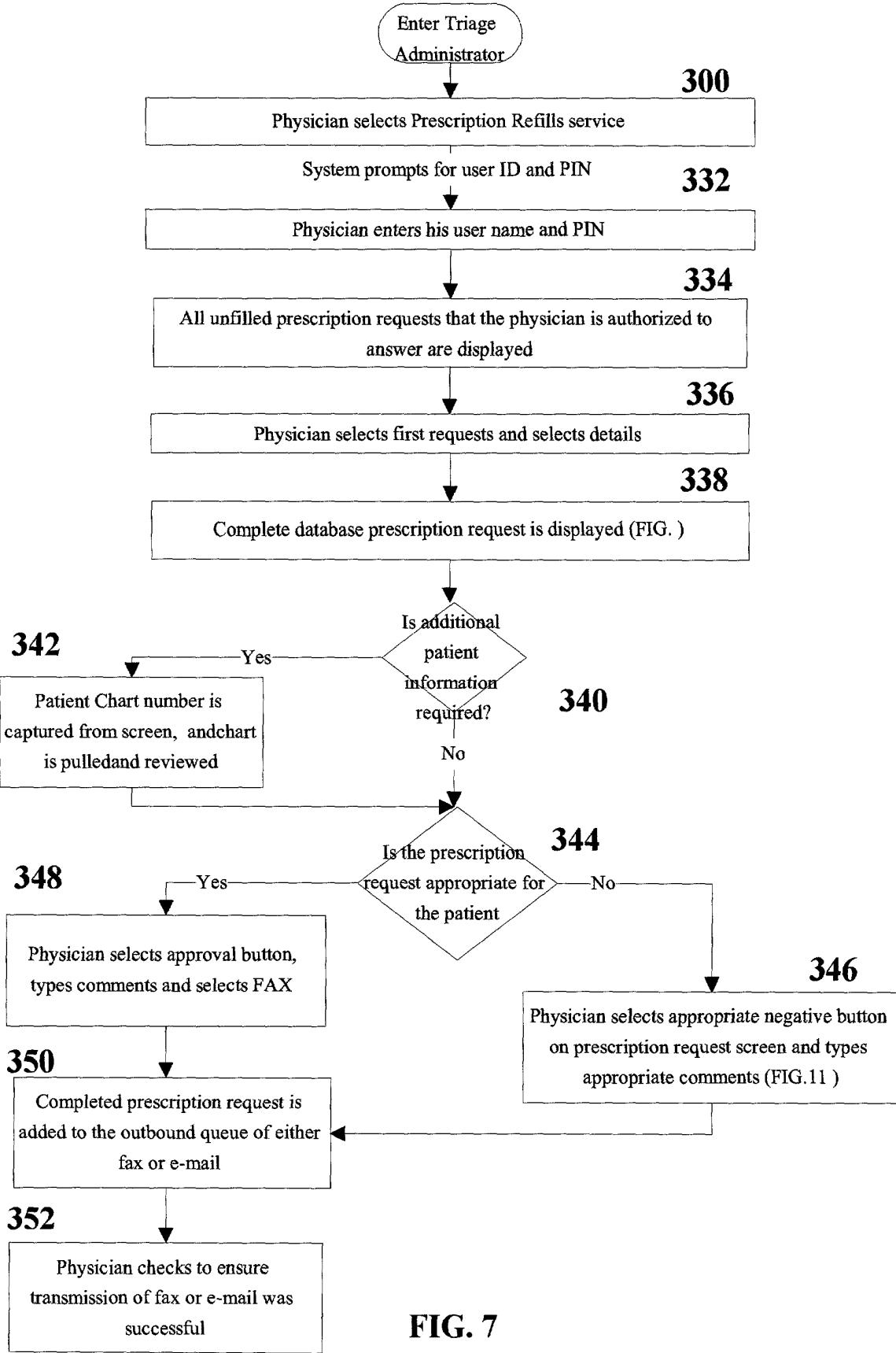
**FIG. 5A2**



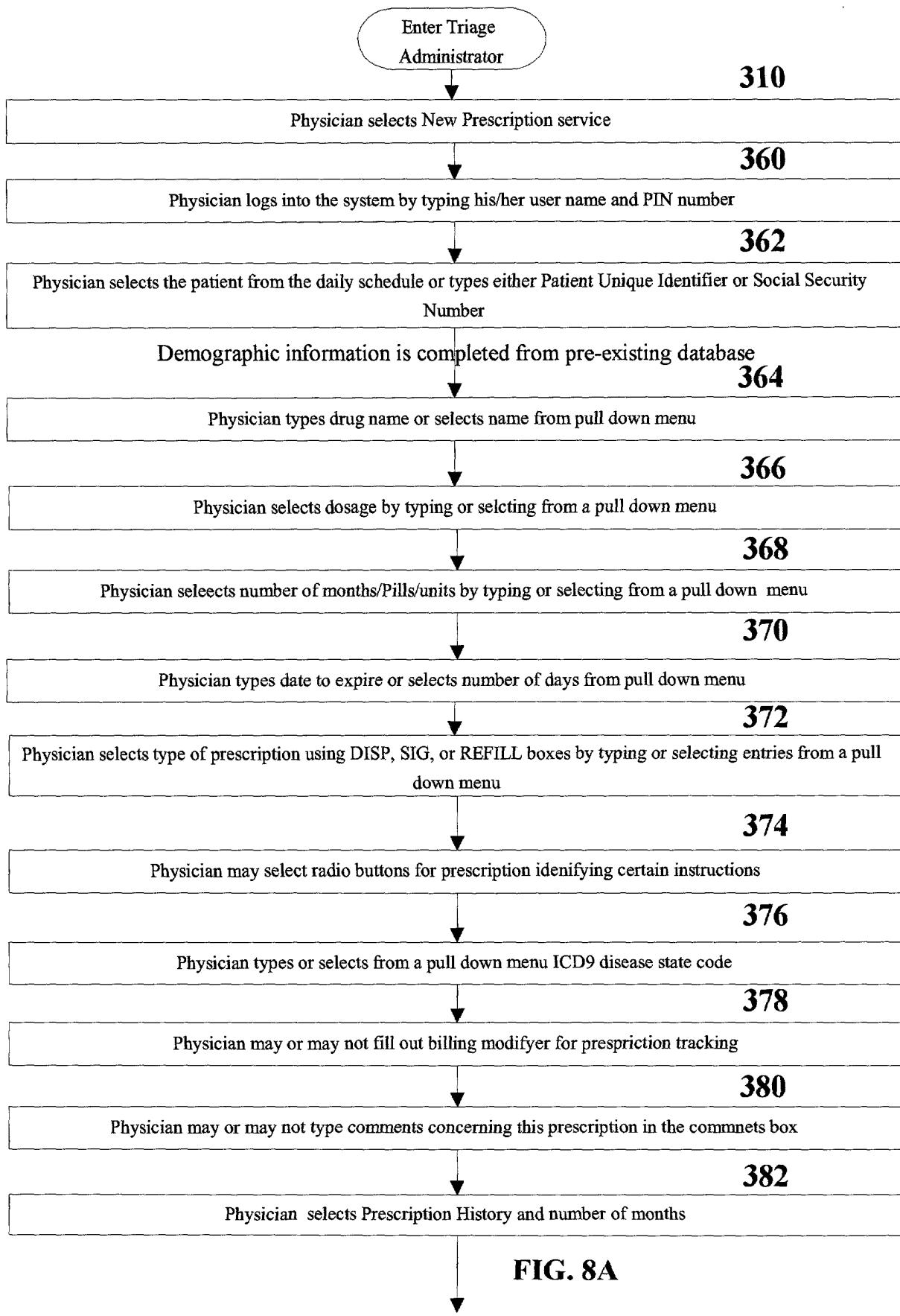
**FIG. 5B**

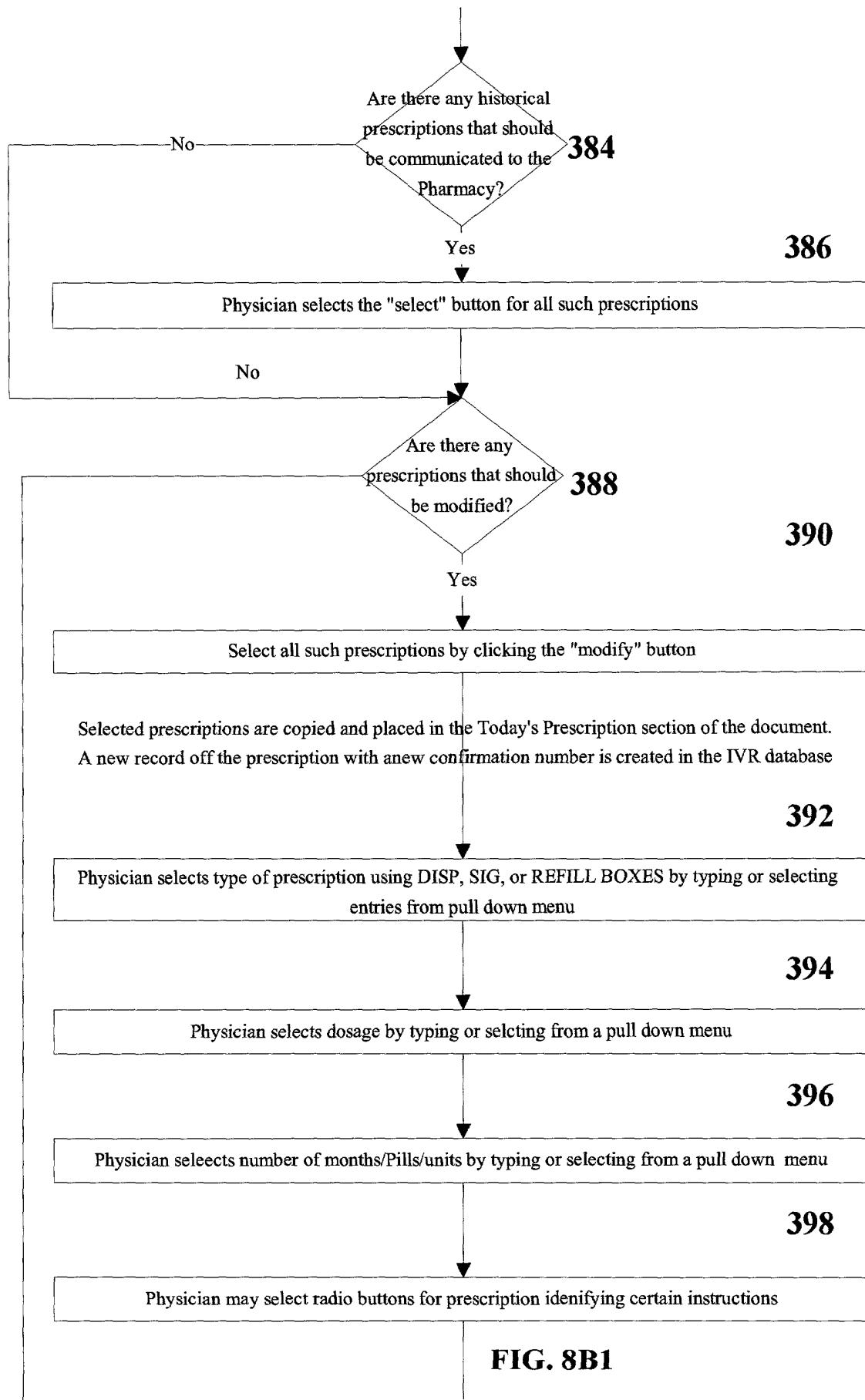


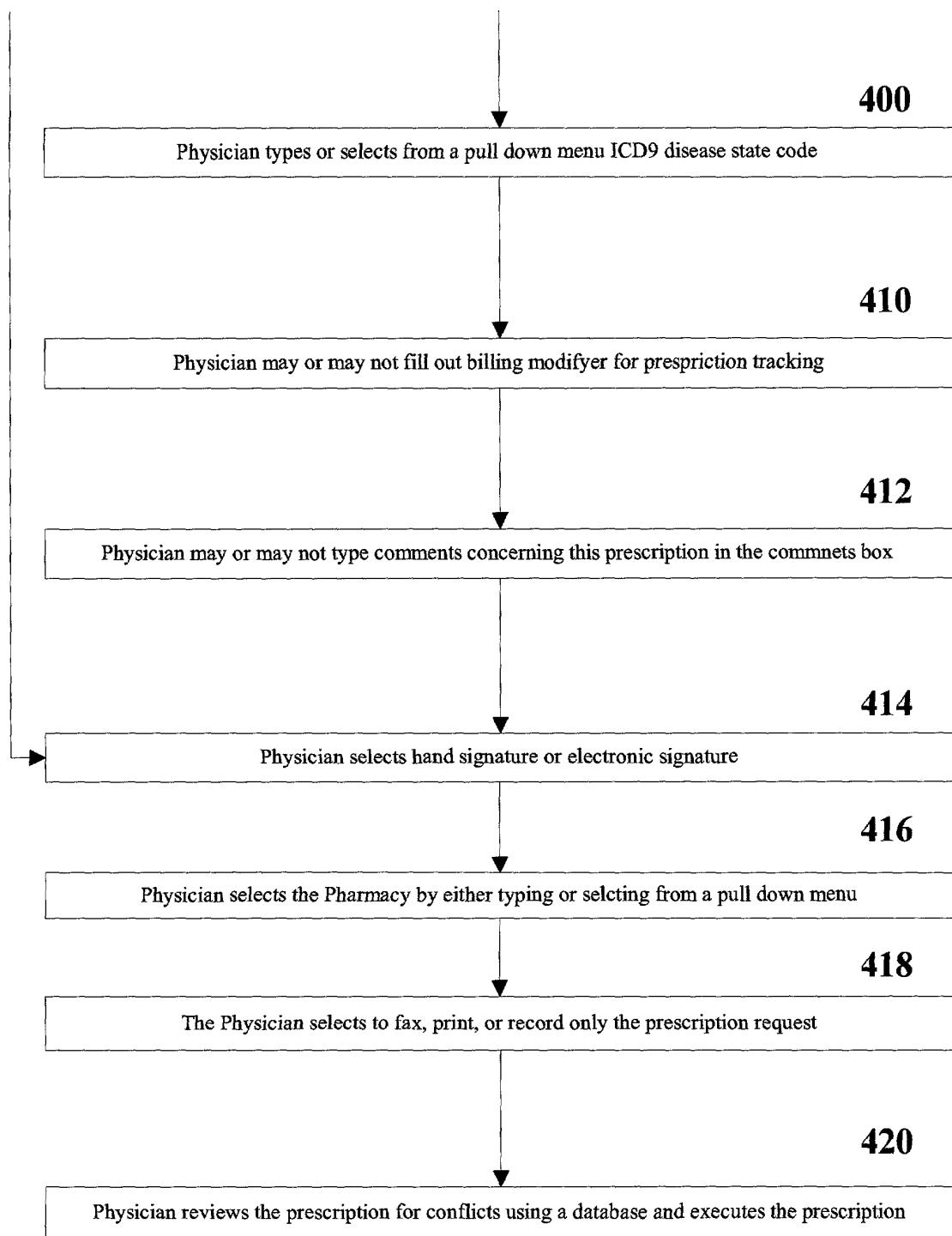
**FIG. 6**



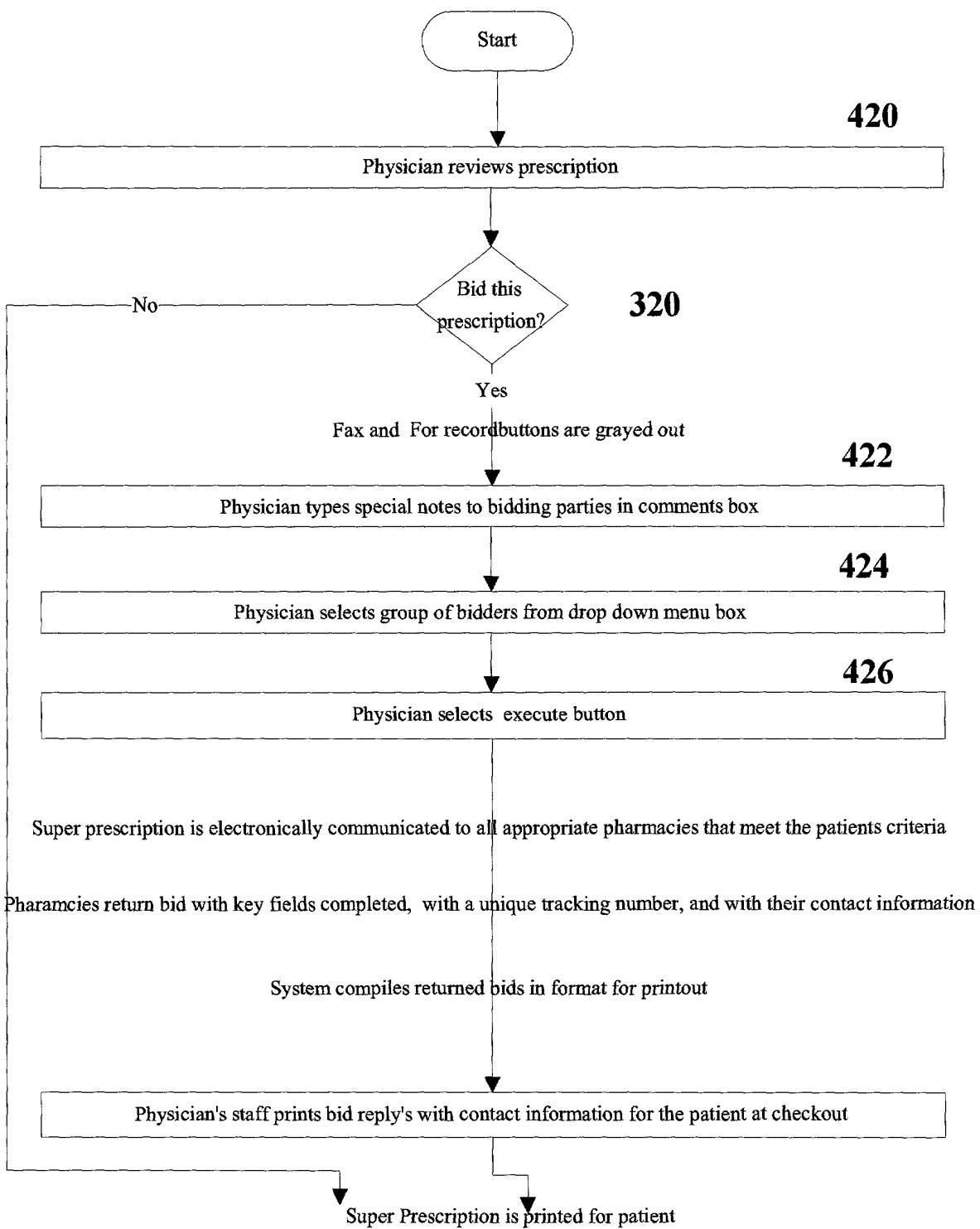
**FIG. 7**







**FIG. 8B2**



**FIG. 9**

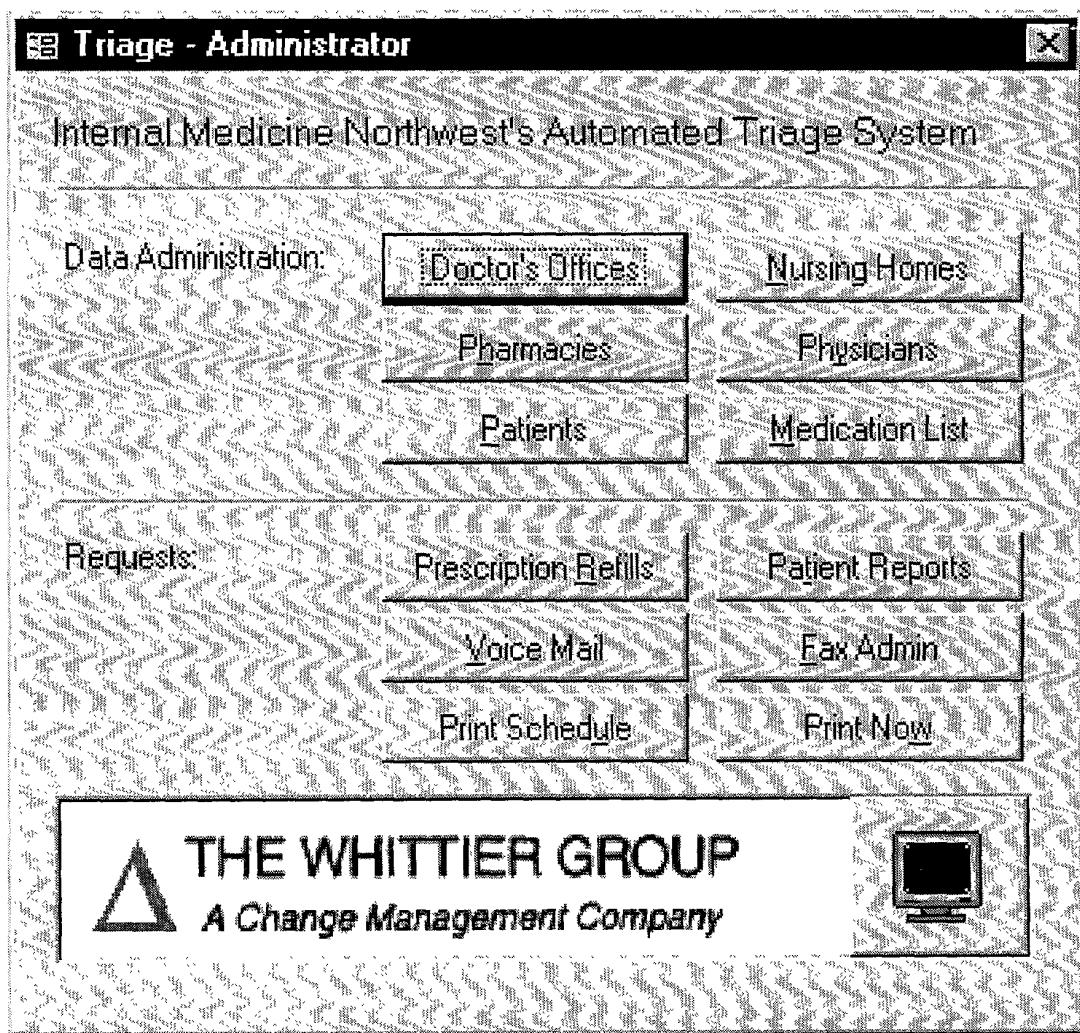


FIG. 10

Triage Automated IVR

Patient Report Requests (Details)

Date	2000/09/13
Time	10:29:11
Report Type	EKG
Destination Type	Doctor's Office
Destination Name	CARDIAC STUDY CENTER
Phone Number	2535727320
Fax Number	2536270712
Patient Name	BASHORE,THELMA
Social Security #	305249199
WP #	Null
<input checked="" type="checkbox"/> Processed	
<input type="button" value="Print"/> <input type="button" value="Done"/>	

FIG. 11

■ Triage Automated IVR

X

**Prescription Refill Request** (Details)

Confirmation Number	00001004	<input checked="" type="checkbox"/> Processed	Fax Reply
Date	1999/04/19	Processing Staff:	
Time	23:56:09	RFX 3 karen	
Location	RiteAid Pacific	Date:	1999/04/20
Phone Number	2534748500	Time	02:26:43
Fax Number	2534740253	Comments:	
Social Security #	542185330	if x 3	
Patient Name	ALEXANDER JANICE	<input checked="" type="radio"/> Approved.	
wp#		<input type="radio"/> Patient must schedule an appointment	
Medication and Dosage	2 MG \ COUMADIN	<input type="radio"/> Patient is not on this medication or medication is not appropriate	
Prescribing Physician	Benjamin,Sabrina	<input type="radio"/> Our physicians do not treat this patient	
Quantity	100	<input type="radio"/> We will call you in reference to this request	
Last Refill Date	1999/03/23	<input type="button" value="Print"/> <input type="button" value="Done"/>	

FIG. 12

## Prescription Generator

<b>Patient</b>	Last Name <input type="text"/>	Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	Patient Unique ID <input type="text"/>
First Name <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Insurance <input type="text"/>	
Address <input type="text"/>	Telephone Number <input type="text"/>	e-Mail <input type="text"/>		
<b>Today's Prescription</b>				
Date to Expire / /	DISP. SIG. REFILL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name of Drug <input type="text"/>	Dosage <input type="text"/>	Number of months/Pills/Units <input type="text"/>
	Select <input type="radio"/>	Modifier <input type="text"/>	Comments <input type="text"/>	NDCNumber <input type="text"/>
ICD9 <input type="text"/>	ICD9 <input type="text"/>	ICD9 <input type="text"/>		
<b>Prescription History</b>				
Date to Expire / /	DISP. SIG. REFILL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name of Drug <input type="text"/>	Dosage <input type="text"/>	Number of months/Pills/Units <input type="text"/>
Select <input type="radio"/>	Modifier <input type="text"/>	Comments <input type="text"/>		NDCNumber <input type="text"/>
Modify <input type="radio"/>	ICD9 <input type="text"/>	ICD9 <input type="text"/>		
Date to Expire / /	DISP. SIG. REFILL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Name of Drug <input type="text"/>	Dosage <input type="text"/>	Number of months/Pills/Units <input type="text"/>
Select <input type="radio"/>	Modifier <input type="text"/>	Comments <input type="text"/>		NDCNumber <input type="text"/>
Modify <input type="radio"/>	ICD9 <input type="text"/>	Medical Practitioner <input type="text"/>	Pharmacy <input type="text"/>	
Review Prescription <input type="text"/>				
Comments <input type="text"/>				
Signature <input type="text"/>				
Bid Prescription? <input type="text"/>				
Fax <input type="text"/>				
Print <input type="text"/>				
For Record <input type="text"/>				

Ph: (253) 272-5076  
After Hrs., (253) 272-4964  
Fax: (253) 272-5643  
Rx Refill: 627-8865 ONLY

FIG. 13

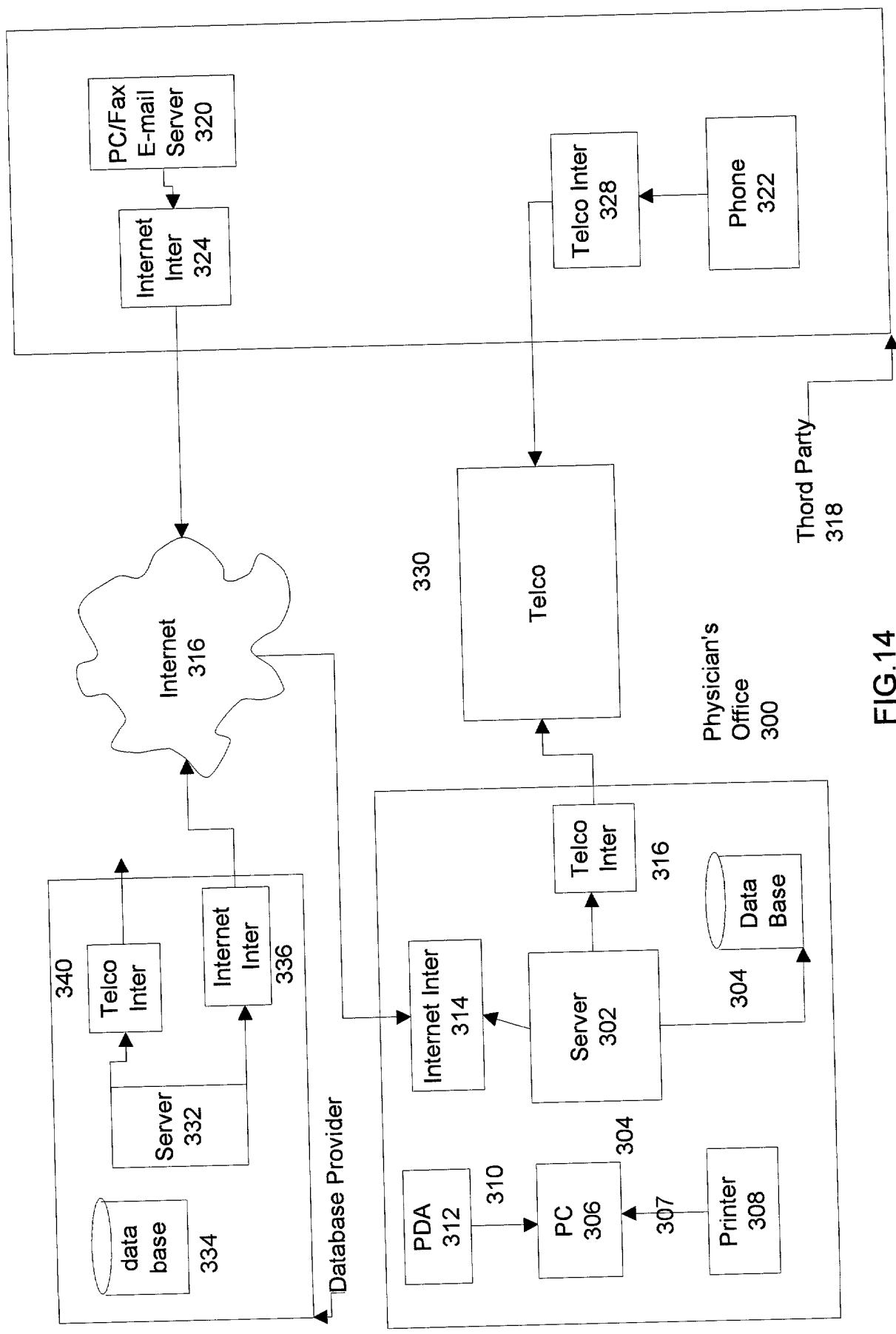


FIG. 14